

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		5				
10		5				
11		5				
12		5				
13		5				
14	1					
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23	1					
24		1				
25		1				
26		1				
27		2				
28		1				
29		2				
30		2				
31		2				
32		1				
33		1				
34		1				
35		5				
36		1				
37		2				
38		5				
39		1				
40		2				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	73					
TOTAL CLAIMS	76					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

16  
22  
35  
73